



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program

Sanitary Sewer Overflow/Bypass/Backup Notification Form

Instructions

Who must notify DEP about an overflow, bypass or backup, and when?

Any owner or operator of the following facilities:

- Municipal, state, federal, regional, industrial or other private wastewater collection system;
- Wastewater utility;
- Wastewater treatment works;
- Facility with a groundwater discharge permit;
- Facility with a surface water discharge permit.

This requirement includes any owner or operator of a municipal collection system or other collection system that discharges into facilities not under the same ownership and control.

The following situations require notification to DEP:

- An un-permitted overflow or bypass;
- A backup of sewage into a building from a collection system or treatment plant;
- In a combined sewer system, an overflow or bypass at a location not covered by a NPDES permit, or from a portion of the system that has a separate sanitary sewer.

What are the procedures for reporting?

Step One:

Provide immediate telephone notification to the appropriate MA DEP Regional Office.

Northeast Region (Wilmington)	978-694-3215
Central Region (Worcester)	508-792-7650
Southeast Region (Lakeville)	508-946-2750
Western Region (Springfield)	413-784-1100

If you are not sure which Massachusetts DEP Regional Office oversees your facility, go to <http://www.mass.gov/dep/about/region/findyour.htm>.

Outside regular business hours or on weekends and holidays, contact the Emergency Response section at DEP: 617-556-1133 (Boston Area) or 1-888-304-1133 Toll-Free.

Check your discharge permit for other instructions on notifying DEP.

Hazardous Material Releases: If you believe an overflow, bypass, or any other discharge may have resulted in an oil or hazardous material release, report it to DEP at any time, 24 hours a day, at this toll free number: 1-888-304-1133.

Step Two:

Submit a written report to DEP within five (5) days of the time you become aware of the overflow, bypass or backup. DEP strongly encourages you to use the form below. You may fill out the form on the computer, or print it and fill it out by hand. See form or instructions for DEP fax numbers and mailing addresses.

The written report must contain:



Sanitary Sewer Overflow/Bypass/Backup Notification Form

Instructions

Description of the overflow, bypass or backup, including exact dates and times, and if the situation has not been corrected, the amount of time it is expected to continue.

Steps taken or planned to reduce, eliminate, and prevent recurrence. You may include actions you took or you plan to take with this initial *Notification Form* or in a follow-up report.

If you have a discharge permit, check the Monitoring and Reporting Section of your permit to determine if your *Notification Form* should be sent to the attention of DEP's regional Bureau of Waste Prevention (industrial facilities) or the regional Bureau of Resource Protection (nonindustrial facilities). All municipal facilities submit their reports to the Bureau of Resource Protection.

Mail or fax the *Notification Form* to the attention of the Bureau of Waste Prevention or the Bureau of Resource Protection in your DEP regional office:

- Massachusetts Department of Environmental Protection, Northeast Regional Office, 205B Lowell Street, Wilmington, MA 01887. Fax: 978-694-3499.
- Massachusetts Department of Environmental Protection, Central Regional Office, 627 Main Street, Worcester, MA 01608. Fax: 508-792-7621.
- Massachusetts Department of Environmental Protection, Southeast Regional Office, 20 Riverside Drive, Lakeville, MA 02347. Fax: 508-947-6557.
- Massachusetts Department of Environmental Protection, Western Regional Office, 436 Dwight Street, Springfield, MA 01103. Fax: 413-784-1149.

What should I do if I'm not sure of the information I am providing?

For required items such as time of occurrence, causes of incident, volume of overflow, etc., PROVIDE YOUR BEST ESTIMATE OR ASSESSMENT AT THE TIME OF THIS REPORT. You can submit any additions or corrections later.

What is the best way to report the exact location of the overflow, bypass or backup?

Include with your *Notification Form* a copy of a map indicating its location. Please use 8 ½ " by 11" paper at an appropriate scale between 1:5000 to 1:25000. Specifying the geographic location will help DEP determine the public health and water quality impacts associated with overflows and bypasses.

Why do I need to report backups into buildings?

DEP wants to ensure that sewage backups into buildings as a result of problems in the sewer system are properly repaired and measures are put in place to reduce the likelihood of recurrence. Owner/operators of sewer systems that caused a backup may need to repair, rehabilitate, or upgrade the hydraulic capacity of their system, or change their operations and maintenance procedures.

Are there some overflows and backups that are not subject to these reporting requirements?

DO NOT use the *Sanitary Sewer Overflow Bypass/Backup Notification Form* in the following situations:

- The overflow is from a properly permitted Combined Sewer Overflow structure. Follow the reporting requirements in your NPDES Permit.
- You believe the cause of a backup of sewage into a building was not related to problems in the collection system or treatment works that you own or operate.



Sanitary Sewer Overflow/Bypass/Backup Notification Form

Instructions

- You are reporting an overflow or bypass or backup of sewage for a collection system or treatment works that is not under your ownership and control. However, please assist DEP by immediately reporting to the appropriate DEP Regional Office by phone or fax any overflows or bypass incidences for facilities other than your own.

What are the state regulations that apply to this notification? Where can I get copies?

These regulations include, but are not limited to:

- Surface Water Discharge Regulations, [314 CMR 3.00](#)
- Groundwater Discharge Regulations, [314 CMR 5.00](#)
- Sewer Connection Regulations, [314 CMR 7.00](#)
- Operation and Maintenance Regulations, [314 CMR 12.00](#)

Official copies of the regulations may be purchased at:

State Bookstore
State House, Room 116
Boston, MA 02133
617-727-2834

State Bookstore
436 Dwight Street
Springfield, MA 01103
413-784-1376



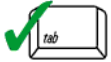
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow/Bypass/Backup
Notification Form**

FOR DEP USE ONLY

DEP Incident Number _____

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



See DEP Regional Office telephone and fax numbers at the end of this form.

1. General Information

MA

a. Reporting Facility Permit Number _____

b. Name of Collection System/Treatment Works _____

Date/Time Notification Form

Completed:

c. Date (mm/dd/yyyy) _____

Time: _____

d. hh (24hr.) _____

e. mm _____

Is this notification an initial report? f. ☐ or a follow-up? g. ☐

h. refer to incident number _____

Authorized Representative filing this notification form:

i. First Name _____

j. Last Name _____

k. Telephone (10) _____

l. Title of Authorized Representative _____

m. E-mail Address of Authorized Representative _____

2. Phone Notifications Made, if any:

DEP person contacted:

a. first name _____

b. last name _____

Date/Time MADEP contacted by phone:

c. Date (mm/dd/yyyy) _____

Time: _____

d. hh (24hr) _____

e. mm _____

EPA person contacted:

f. first name _____

g. last name _____

Date/Time EPA contacted by phone:

h. Date (mm/dd/yyyy) _____

Time: _____

i. hh (24hr) _____

j. mm _____

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☐ 2. > 100,000 gal. and < 1 MG

☐ 4. < 10,000 gal.

b. Additional comments: _____

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur?

1. Date (mm/dd/yyyy) _____

Time: _____

2. hh (24hr.) _____

3. mm _____

b. Location of SSO:

Number and Street _____

City/Town _____

c. Corrective measures taken (select all that apply, use additional comments if necessary):

☐ 1. repaired sewer/cleared blockage

☐ 2. repaired pump/lift station

☐ 3. repaired service connection

☐ 4. drained or pumped sewage out of building

☐ 5. disinfection treatment

☐ 6. backflow prevention device installed

☐ 7. no action

8. Other (describe) _____



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow/Bypass/Backup
Notification Form**

FOR DEP USE ONLY

DEP Incident Number _____

4. Sanitary Sewer Overflow Location(s) (cont.)

d. Have corrective actions been completed? ☐ 1. Yes ☐ 2. No

e. Identify causes of the incident: (select all that apply)

- ☐ 1. rain ☐ 2. power outage ☐ 3. high groundwater
☐ 4. insufficient capacity ☐ 5. sewer system blockage or collapse
☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

8. Describe other causes

f. Additional comments and planned actions

If you need more
space for
comments or to
report additional
addresses with
backups, select
box to attach a
text document ☐

5. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1. Signature of Authorized Representative _____

2. Date Signed _____

☐ I wish to provide an additional electronic attachment.

Please keep a copy of this report for your records. When submitting additional information, include the DEP Incident Number from this report.

DEP Regional Office Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149